

cal Association an invitation to be guests on this occasion.

On that evening, an historical edition of the *Bulletin* of the Los Angeles County Medical Association of some 200 or more pages, will be distributed.

For this happy occasion, other County Medical Societies and members of the California Medical Association resident in those counties, extend to members of the Los Angeles County Medical Association, felicitations of the day, congratulations on work achieved, and best wishes for the future.

The California Medical Association is proud of its largest county medical unit.

CALIFORNIA MEDICAL ASSOCIATION WILL HOLD ITS 75TH ANNUAL SESSION IN LOS ANGELES, MAY 7-8-9-10, 1946

Streamlined Sessions are of the Past: A Four-Day C.M.A. Session will be held at Los Angeles in 1946.—During the last several years, while World War II was on, it has been necessary to hold two-day, streamlined annual sessions of the California Medical Association.

Absence of many C.M.A. members who were in active military service, additional responsibilities and work that fell on colleagues who continued in civilian practice, over-filled meeting places in major hotels (especially Hotel Del Monte taken over by the Navy), transportation and other complications, all help explain the reason for the recent two-day, instead of the four-day annual sessions that were the custom in prior years.

With World War II now somewhat of the past, the C.M.A. Council in October, optimistically promulgated for the year 1946 a four-day session, to commence on Tuesday, May 7, and to carry through Friday, May 10.

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Wartime Medical Meetings.—Even with World War II drawbacks, many medical meetings have been held by county medical societies and affiliated groups,—of which those under the auspices of the "Wartime Graduate Medical Meeting" committee have been conspicuous examples. The interesting programs of the Wartime Committee have appeared in succeeding issues of the *OFFICIAL JOURNAL* and even yet should have suggestive value to program committees of county medical societies.

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Possible Essayists are Requested to Cooperate.—This present reference to the C.M.A. annual session to be held in May next at Los Angeles aims to call the attention of component county societies and their members, not only to the meeting—from the standpoint of possible attendance, but to urge in particular, that all members who may be in position to offer possible papers for consideration, should promptly communicate with the C.M.A. Committee on Scientific Work (of which the Association Secretary

at 450 Sutter, San Francisco, is chairman), or with the secretary of the scientific section in which the proposed paper would probably be given place. (For list of Section Officers, see in current CALIFORNIA AND WESTERN MEDICINE issue, on adv. page 4.)

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Outline of Program for this Year's 75th Annual Session.—In spite of existing conditions, it is hoped to present in May next, a substantial and up-to-date survey of topics on scientific and organized medicine.

The first meeting on Tuesday morning, May 7, will stress problems related to Organized Medicine of which, in California, there are many.

After which, the major groups on General Medicine and General Surgery will then carry on as in previous years. The remaining eleven scientific sections (Anesthesiology, Dermatology and Syphilology, Eye, Ear, Nose and Throat, Industrial Medicine and Surgery, Neuropsychiatry, Obstetrics and Gynecology, Pathology and Bacteriology, Pediatrics, Public Health, Radiology, and Urology) will each hold one, two or three meetings, depending in part upon the perseverance of the respective Section Officers, and also on the extent to which specialist physicians respond to the appeals of Section Officers for full coöperation.

Commercial or technical exhibits will again be given opportunity for their displays, the income therefrom covering a considerable portion of the convention expense (hotels throughout the nation propose in the future to institute the plan of charging for use of meeting rooms, on basis of a certain sum per day, for each chair required!).

In the Section on General Medicine, the Clinical-Pathological Conference will have suitable place; and panel discussions and joint meetings are under consideration by several sections.

Those very special features—the study groups coöperating with the Cancer Commission, that formerly met the day before the regular session began; namely, Cancer Symposium, Pathologic-Microscopy and Diagnosis, X-ray Diagnosis—will also be in operation, if present plans do not miscarry.

So also as regards programs and conferences of affiliated organizations and bodies—such as California Heart Association, Western Association of Industrial Physicians and Surgeons, California State Board of Public Health,—these, too, plan to hold meetings at which suitable programs will be presented and conferences held.

The Woman's Auxiliary to the California Medical Association will again take up its active work, and make plans for a militant, constructive program in the days ahead.

The C.M.A. Council will hold its daily meetings, and the House of Delegates without doubt, in these troublous times, will have its full quota of resolutions presented not only for consideration, but for policy determination.

Transportation and hotel accommodation diffi-

culties still obtain. In due time, as much information as may be obtainable will be given in regard thereto. Meanwhile, C.M.A. members who may wish to write to Los Angeles hotels will find a limited list in this issue (see page 39).

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The 1946 Annual Session Will be What We Make It.—In conclusion, appeal is made to all members who may be able to participate, to submit titles for scientific papers (this invitation is extended also to military non-members who are stationed in hospital stations of military camps located in California), and to express the hope that not only Los Angeles physicians, but members of other County Societies throughout California will make special effort to be present at the 75th annual session of the California Medical Association.

Make note of the dates of the session, which appear at the top of the front cover of each issue of CALIFORNIA AND WESTERN MEDICINE,—namely, commencing Tuesday, May 7, through Friday, May 10, 1946.

C.P.S. AND VETERANS' ADMINISTRATION

New and Significant Alignments on Medical Care of Veterans.—Recent press dispatches indicate that the medical care of veterans, previously restricted to service in Veterans' Administration hospitals, might be put in operation in certain parts of the United States with addition of "extra"-Veterans' Administration hospital care. There are five VA hospitals at this time in California as follows: three general hospitals located at Palo Alto, San Francisco and Los Angeles; two tuberculosis hospitals operating at Livermore and San Fernando.

The first reference to private practitioner care of Veterans' Administration patients was to a plan instituted in New Jersey. Subsequently, an Associated Press dispatch of December 28, gave information concerning a contract made with Michigan physicians. On the following day, a news item referred to tentative negotiations for medical care to be given along somewhat similar lines, that were being carried on between California Physicians' Service and the Veterans' Administration authorities.

The A.P. item of December 28, dated at Washington, with comment on the Michigan procedure has informative value, and is worthy of perusal:

HOME TREATMENT PLAN FOR MICHIGAN VETERANS

Washington (By Associated Press)—Dec. 28.—Establishing a new policy to relieve its crowded facilities, the Veterans' Administration today announced a contract with Michigan physicians to treat ex-soldiers at home.

The contract is with the Michigan State Medical Society. It provides for its member doctors to treat war veterans whose disabilities are service-connected but do not require hospitalization.

Another plan nearing final approval would permit veterans to be hospitalized in their own community hospital instead of a Veterans' Administration institution. The Veterans' Administration would pay the bill.

Major General Paul R. Hawley, acting Surgeon General of the Veterans' Administration, said if the Michigan plan is successful it will be used in other states.

A Veterans' Administration statement said this is the first time a contract has been signed on a statewide basis for care of veterans by private physicians.

It added, the plan might increase the medical care and hospital space available for veterans with non-service connected disabilities.

Federal law requires hospitalization of veterans with non-service connected disabilities only if Veterans' Administration facilities are available.—San Francisco Chronicle, December 29.

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Concerning the New Jersey, Michigan and California Non-profit Agencies.—At the time of this writing, concerning a possible contract with California Physicians' Service, additional information may be gleaned from news items appearing in this issue on pages 45-46.

In the three states referred to, the voluntary non-profit medical service organizations in New Jersey, Michigan and California seemingly have been the instrumental medical groups through which the conferences concerning these new medical care alignments for Veterans' Administration of the Federal Government have been made possible. Therefore, C.M.A. readers may be interested in the following statistical data concerning the three organizations.

New Jersey.—"Medical-Surgical Plan of New Jersey" with headquarters at Newark in a state having 4,080,485 population, enrolled its first patient in 1942, having on July 1, 1945, a total enrollment in its plan, of 41,732 persons. Its type of benefit is classed as "medical-surgical care, available only to hospital patients."

Michigan.—"Michigan Medical Service" with headquarters at Detroit in a state having 5,375,195 population, enrolled its first patient in 1940, having on July 1, 1945, a total enrollment in its plan, of 842,057 persons. Its type of benefit is classed as "surgical only."

California.—"California Physicians' Service" with headquarters at San Francisco in a state having 7,881,694 population, enrolled its first patient in 1939, having on July 1, 1945 a total enrollment in its plan, of 162,000 persons. Its type of benefit is classed as "surgical only" and "medical-surgical, home, office and hospital."

The figures above given are from the report of the "Hospital Service Plan Commission," John R. Mannix, Chicago, chairman, as given in a November, 1945, brochure, "Non-Profit Medical Service Plans." (Address: 18 E. Division St., Chicago, 10.)

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Announcement of Veterans' Administration Acting Surgeon General—Major General Paul R. Hawley.—During the last year, many criticisms of Veterans' Administration hospitals have appeared in the lay and medical press. On that account it has been reassuring to note the frank-